

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED SEP 14 1962

77

3016

349

-62-030451

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON1 0269  
2 06612

3

4 0

5 1

6

7 1

8 1

9 162.1

10

11

12 2-0

13 1-0

## 1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Jefferson CityLength of stay in 1b  
2 weeksc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Marys HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Miller

c. CITY  
OR  
TOWN EldonInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
202 South GrandReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Howard

Lawrence

Stephens

## 4. DATE OF DEATH

Month

Day

Year

September 2, 1962

5. SEX  
male6. COLOR OR RACE  
caucasian7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
1/26/949. AGE (last birthday)  
68IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Postmaster

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Los Angeles, Calif12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

William L. Stephens

## 13b. MOTHER'S MAIDEN NAME

Eliza Roache

## 14. NAME OF HUSBAND OR WIFE

Esther Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no17. INFORMANT Address  
Esther Stephens, Eldon, Missouri18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchogenic Carcinoma

INTERVAL BETWEEN  
ONSET AND DEATH  
Unk.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/27/62 to 9/2/62 and last saw her alive on 9/2/62  
Death occurred at 7:40 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23. BURIAL, CREMATION,  
REMOVAL (Specify)  
burial23b. DATE  
9/5/6223c. NAME OF CEMETERY OR CREMATORY  
Versailles23d. LOCATION (City, town, or county)  
Versailles, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Phillips Funeral Home, Eldon, Mo.

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

SEP 25 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Don E. Phillips

Licensed Embalmer No. 5708

P. O. Address Eden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.